



Case No. _____
Fee _____
Receipt # _____
Date _____

City of Sherwood Administrative Variance – Type I & II

Owner/Applicant Information:

Applicant: _____ Phone: _____

Address: _____

Owner: _____ Phone: _____

Address: _____

Contact for Additional Information:

Property Information:

Street Location: _____

Tax Lot and Map No: _____

Existing Structures/Use: _____

Existing Plan/Zone Designation: _____

Proposed Action:

Proposed Use: _____

Proposed Plan/Zone Designation: _____

Proposed No. of Phases (one year each): _____

Standard to be Varied & How Varied (Variance Only): _____

Purpose and Description of Proposed Action: _____

Authorizing Signatures:

I am the owner/authorized agent of the owner empowered to submit this application and affirm that the information submitted with this application is correct to the best of my knowledge.

I further acknowledge that I have read the applicable standards for review of the land use action I am requesting and understand that I must demonstrate to the City review authorities compliance with these standards prior to approval of my request.

Applicant's Signature

Date

Owner's Signature

Date

To be submitted with the Application:

To complete the application, submit copies of the following:

1. *A brief statement describing how the proposed action satisfies the requested findings criteria for an administrative variance contained in the Community Development & Zoning Code for the action requested.*
2. *Submit enough copies of the sketch and response to criteria so that the City has two (2) copies and there is one for each affected property owner.*
3. *Names and addresses of property owners within 100 feet of the proposed variance.*

FEES: See City of Sherwood current Fee Schedule, located at www.sherwoodoregon.gov Click on Departments/Planning/ Fee Schedule.